

Top Care Homes Limited

# Southminster Residential Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Southminster Residential Home is residential service providing accommodation and personal care for up to 34 people. At the time of our inspection there were 28 people using the service. The service supported adults, including people living with dementia. People lived in their own bedrooms which had their own toilets and sinks. There were also communal bathroom facilities, lounges and dining rooms.

People's experience of using this service:

The service benefited from a longstanding registered manager who was passionate and committed to providing good quality care to people. The recent introduction of a new deputy manager and support of an area manager had helped the registered manager to make and sustain required improvements which were identified at previous inspections.

Staff felt valued and well supported. Consequently, people received support from a well trained consistent staff team who were motivated to provide good quality care.

People were supported to take their medicines in a safe way by staff who had been assessed and trained as competent. Risks to people had been identified and staff had a good knowledge of how to keep people safe from harm. We made a recommendation about risk recording.

Staff had access to up to date information about how to support people safely and to promote their independence. Good infection control practices were used by staff to prevent infection. The premises looked fresh and clean with no unpleasant smells.

Staff received support to be competent in their role and had the necessary knowledge and skills to provide effective support. People were supported to access healthcare services and treatment when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring and respected people's privacy. People were spoken to politely and treated with dignity and respect. End of life care arrangements were explored and documented if appropriate.

People received care and support which reflected their needs and preferences. We made a recommendation about person-centred care planning. People had access to activities they enjoyed. Complaints were responded to appropriately and feedback from people, relatives and staff was invited to drive improvements.

Rating at last inspection:

Requires Improvement (report published February 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any information of concern, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Southminster Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Three inspectors and one expert by experience completed the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Southminster Care Home is residential home which provides personal care and accommodation to older adults, some of whom may be living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This was an unannounced inspection. Inspection site visit activity started and ended on 27 February 2019. This included visiting the location to speak with the management team, interview staff, people and relatives and review documents related to the running of the service.

#### What we did:

Prior to the inspection we reviewed information we held about the service including statutory notifications which include information the provider is required to send us by law. We also looked at the Provider Information Return (PIR). The PIR gives us information about what the service does well and any planned

improvements.

During the inspection we spoke with the registered manager, deputy and area manager and four other members of staff. We spoke with 12 people who used the service and 6 relatives and two visiting health and social care professionals. We looked at 6 people's care records including their medication records and daily notes. We looked at 3 staff files. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, satisfaction surveys, minutes of meetings and quality audits.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- There were systems and processes in place to safeguard people from the risk of abuse. The registered manager understood their safeguarding responsibilities and had raised and investigated concerns appropriately, including sharing information with the local authority and CQC.
- Staff had received training in safeguarding and knew the signs to look for that people might have been abused. Staff were aware of the reporting process and how to escalate concerns if necessary.
- Information about safeguarding was available to people using the service including how to raise concerns.

### Assessing risk, safety monitoring and management

- People reported feeling safe using the service. A person told us, "I do feel safe; there are enough staff and they seem to know what they're doing."
- Of particular note was the excellent level of engagement by the service with the local authority through the 'Prosper' scheme. Prosper is an initiative aimed at improving safety and reducing the risk of harm to vulnerable people. The benefits for people using the service was that their health and wellbeing was managed more safely through daily monitoring. Risks monitored included falls risks, risks to people's skin integrity such as pressure sores, risk related to eating and drinking and risks associated with urinary tract infections (UTI's) which could be particularly problematic for people living with dementia. We found the service had fully embraced Prosper which was diligently applied to promote people's safety and wellbeing.
- Accidents and incidents were recorded and analysed to minimise the risk of re-occurrence. Where people were identified at risk appropriate preventative measures were in place such as crash mats and sensor mats to alert staff when people needed help or supervision to move about.
- Risks to people had been assessed which reflected each person's individual needs. Detailed written guidance was in place which described the actions staff should take to support people's safety whilst maintaining their independence.
- A written handover was completed at every shift change to share information about risks to people. We saw this was effective in ensuring people's needs were met. For example, one entry stated; "[named person] is sleeping today so needs mouth care."
- Risks assessments associated with people's ability to use the call bell to ring for help had not been completed. However, in practice, staff knew which people could not use the call bell and regular observations were completed to check on these people.

We recommend the provider review their risk assessment process to ensure risks to people's ability to call for help are formally assessed and documented.

## Staffing levels

- Sufficient staff were deployed to safely meet people's needs. People told us there were enough staff who came quickly when needed. A person told us, "Staff are about, if you press the buzzer they come. I see staff walking by in the night, they seem to work hard."
- Safe recruitment processes were in place. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included taking up references, obtaining a full employment history and checking that the member of staff was not banned from working with people who required care and support.

## Using medicines safely

- Only staff who had received training and had been assessed as competent managed medicines.
- Medicines were given to people in a safe and appropriate way.
- A robust system of checks was in place to make sure medicines were managed safely.
- Medicines were safely stored and administered from a lockable trolley.
- Records relating to medicines including the booking in and disposal of medicines were completed accurately.
- People's individual medicine administration records (MAR) had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines.
- Staff signed people's MAR when they administered their medicines. There were no gaps on people's MAR which showed people had received their medicines as prescribed.

## Preventing and controlling infection

- All staff received training in infection control and were provided with appropriate protective clothing to prevent the spread of infection. We observed staff following good infection control practices, wearing gloves and aprons when required.
- The service appeared clean and hygienic with no unpleasant smells. We saw that a small spillage on the carpet was quickly cleared up by staff, preventing any slip/trip accidents and ensuring the environment remained clean.
- People told us the service was kept clean. One relative told us, "It's all fine. 3 or 4 years ago it was smelly here but not now. Smells are dealt with quickly and gone."

## Learning lessons when things go wrong

- The service demonstrated a strong commitment to learning from mistakes to improve safety, for example, through improving their system of sharing people's medical information with other health professionals when required. The service now provided people with a medical bracelet identifying any allergies to be worn when people were transferred to hospital.
- The medication administration records (MAR) forms had also been redesigned to make them clearer to understand.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the previous inspection the service was rated as requires improvement in effective. Improvements had been made to ensure staff had the necessary skills and knowledge to support people with challenging behaviour but we needed to make sure the improvements could be sustained. At this inspection we found this to be the case so the rating has improved to good.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were thoroughly assessed and regularly reviewed. We saw a recent example where a review had resulted in best practice principles being applied to promote the wellbeing of a person. The person had told the service they loved babies. In response the service had considered best practice guidance related to the use of 'doll-therapy' to promote emotional wellbeing in people with dementia. Doll therapy can provide comfort, sensory stimulation and promote purposeful activity if used in a person-centred way. The service purchased a life like doll and carry basket for the person. The person's care records showed a reduction in distressed and agitated behaviour as a result.

Staff support: induction, training, skills and experience

- Staff received regular training that met the individual needs of people who used the service. Staff confirmed they had received training and good practice was observed, demonstrating staff had the necessary knowledge and skills.
- Staff told us they felt supported and received regular supervision which records confirmed. Observations of staff practice were completed to monitor staff competency and identify any learning needs.
- New staff confirmed they received an induction which included doing training, shadowing experienced staff and completing the care certificate. The care certificate represents best practice when inducting new staff to the profession and provides them with the necessary skills and knowledge to care for people effectively.
- To promote good communication between staff, information was shared with staff through handover, staff notice board, staff meetings and individually. This provided staff coming on duty with the relevant information to carry out their role effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- Lunch time was observed. People chose where they dined, some people sat in the dining room, some in the lounge and others in their own rooms. People were seated comfortably for lunch. A choice of drinks was offered.

- Meals were served by the chef from a trolley brought into the lounge. People were given choice of meals, including a variety of condiments. Lunch was served in a timely manner.
- If a person didn't like what was on the menu, the chef would make them something else. We observed this in practice, as one person started their meal but didn't want it and was offered another choice, which they declined. A catering staff member came and asked what they would like. They decided on soup and bread, which they were given and enjoyed.
- Specific dietary needs were catered for with one person on gluten free diet and some others needing soft diets. Pureed food was nicely presented.
- Food looked appetising and was served using good food hygiene practices. Plated food was covered with a plastic food cover when carried to people in their rooms.
- Staff ate their lunch with people which is considered best practice as research has shown that this can stimulate the appetites of older adults, particularly those with dementia.
- Staff remained attentive to the needs of the people throughout the meal in a caring manner and exchanging conversation. This provided a homely experience for the people using the service.
- Food and fluid intake was recorded for those who had been identified as in need of nutrition and hydration monitoring. We checked these records and saw they had been completed correctly and consistently. This meant the service could easily identify those people at risk and arrange appropriate support.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with the local authority and a range of health and social care professionals to support the delivery of quality care and support.
- A visiting Health Professional told us the service worked in partnership with them to jointly provide agreed care.

Adapting service, design, decoration to meet people's needs

- People had personalised their rooms with their own furniture, TV and other special items. This made the rooms homely and familiar.
- Clear signage and contrasting colours were used in communal areas and bathrooms. This helped people with cognitive or sensory impairments identify their surroundings.
- The environment was 'dementia friendly' with items and activities around the service to stimulate engagement and conversation. The service had purchased sensory items and sensory lights were seen in one room where a person was cared for in bed.

Supporting people to live healthier lives, access healthcare services and support

- Weekly in-house surgeries were held with the GP and Nurse Practitioner attending on alternative weeks. They visited to see those who were ill, on palliative care, health monitoring and medication reviews.
- People's health needs had been assessed with guidance for staff on how to meet those needs. Care records showed that people were supported to access a variety of health professionals such as opticians, chiropodists, audiologists and dentists.
- We saw evidence of referrals to the Speech and Language Therapy Team (SALT) for those with swallowing concerns and the community nursing team for pressure care reviews.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

- The service worked in accordance with MCA legislation and appropriate authorisations for DoLS had been submitted. This ensured that people's rights and freedom was upheld.
- Staff had received training in the MCA and understood the importance of gaining consent and helping people make their own choices.
- Care records showed that the service had sought people's consent when required. This included asking people's permission for photo taking, medication administration and sharing information. Where people could not make their own decision, best interest decisions had been made using the MCA legislation for guidance.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives told us staff were kind and caring. This was summed up by one person who said, "Staff are never impatient, I can't speak highly enough of them, so patient. Other residents are rude, I hear them 'I want attention now', but (staff) are always so patient. (Named member of staff) always has a smile, that's what they're all like."
- Staff were attentive to people's needs and had developed positive relationships with people. We saw staff having a laugh and chat with people throughout the day. One relative told us, "The girls are really attentive; always kind and caring. The residents seem happy, (named person) has a laugh with the staff."
- People were supported to maintain important relationships and visitors were made welcome. We saw staff offering family members drinks and organising quiet spaces for people and their relatives to spend time. A separate dining room was available for people to use to have a family dinner together.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions around their care and support, their needs and preferences had been recorded and were regularly reviewed to ensure the service continued to meet their needs in the way they wanted.
- People's care records identified where they had representatives who acted on their behalf. This ensured that people's choices and rights were upheld.
- People's communication needs were assessed to help staff understand how to talk to people in ways they could understand. We saw staff supporting a person with a visual impairment to walk. The staff provided excellent guidance, telling the person, "We are going through the corridor now so it will be a bit darker here."

Respecting and promoting people's privacy, dignity and independence

- The service used a discreet colour and pictorial coding system on people's doors which highlighted to staff people's particular difficulties or needs without compromising people's dignity and privacy. For example, a ladybird sign indicated a person had an infection, whilst yellow indicated that a person was hard of hearing.
- Guidance for staff in care plans emphasised the positive values of promoting people's choice, control and dignity and we observed staff putting these values into practice.
- Staff protected people's privacy and dignity when providing personal care. A person told us, "They [staff] are always careful. They draw the curtains and close the door and put a notice on it."
- People told us they were treated with dignity and respect and staff were polite.

- Personal information was held securely which meant confidentiality was protected.
- Care plans identified people's strengths and abilities and we observed staff encouraged people to be as independent as they could be.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

At the previous inspection the service was rated as requires improvement. Although improvements were made, further work was required to personalise care records and ensure a dedicated activity staff member was recruited. At this inspection we found people's care plans were person-centred and there were dedicated activities staff in place. Therefore the rating has improved to good.

People's needs were met through good organisation and delivery.

### Personalised care

- Assessments of people's needs were personalised to include details of their preferred routines, interests, likes and dislikes. This helped staff provide person centred care, which means care tailored to people's individual needs. A relative told us how the person-centred assessment process had benefitted their family member. They told us, "We had a long interview with (named manager), we discussed [family member's] personal and past life. We told them that [family member] used to play bowls so staff took them over to the bowls green nearby."
- Care and support plans were written in the first person, describing how people wanted to have their care and support provided. Regular reviews were organised and people's views were recorded and changes made if requested.
- Some people we spoke with were not sure if they could have a bath or shower whenever they chose. People knew there was a list with designated days and were generally happy with the arrangement. We asked staff about the bathing list. One staff member told us, "It's because there's so many residents. If people need more and they ask and we have time, we'll do more." Whilst people and staff confirmed there was flexibility in terms of bathing arrangements, the practice of having a bathing list did not reflect a person-centred approach.

We recommend that the provider review their current systems and processes for exploring and respecting people's preferences for bathing to ensure a person-centred approach.

- Activities staff had been recruited and the service organised a range of activities for people to do. A visiting relative said, "I come on Tuesday morning and Friday afternoon. There's always someone doing something; music, quizzes, (named person) is good at them, they know all the dates and so on. They are aware of (named person's) limitations. They bring them up here [lounge] to socialise."
- The service had signed up to a scheme called 'the wishy washing line'. This was an initiative aimed at matching people living at the service with people living in the community who supported them to have their wishes granted. We saw several examples where this scheme had a positive impact on people. One person had enjoyed weight-lifting and had been provided with membership at a local gym as a result whilst another person was able to regularly enjoy flower arranging.

## Improving care quality in response to complaints or concerns

- There were systems and processes in place to respond to complaints and concerns.
- People's concerns were listened to and investigated and responded to appropriately.
- People were provided with information on how to raise complaints and told us they knew how to make a complaint.

## End of life care and support

- Where appropriate, people had 'do not attempt to resuscitate' orders (DNARS) in place. There was evidence that these had been discussed with people and/or their representatives.
- If people had made advanced directives or wished future decisions to be known, these were explored and documented.
- Care plans were in place for end of life care, if appropriate. These which recorded people's wishes, such as preferred burial arrangements.
- Plans were underway to work with the local hospice to promote staff knowledge and skills through an exchange programme.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the previous inspection we found improvements had been made to the management of the service in terms of quality and safety. However, we could not be sure that these improvements would be maintained over time to prevent re-occurrence of previous serious concerns. At this inspection we found sustained improvement and the rating is now good.

Leaders and the service culture they created drove and improved high-quality, person centred care.

- The service demonstrated a strong commitment to addressing past failings and making the necessary improvements to provide good quality care. The improvements made which we identified at the last inspection had been sustained.
- The registered manager benefitted from the continued support of an area manager who demonstrated robust oversight of the service at provider level. A new deputy manager had also been recruited who supported the registered manager in the day to day running of the service.
- The vision and values of the management team were person-centred to make sure people were at the heart of the service. These values were shared and put into practice by staff.
- There was a strong collaborative relationship between the provider, registered manager and staff. Staff enjoyed working at the service and felt well supported and listened to.
- People told us the registered manager was visible and 'hands-on' working at the service. A relative told us, "I see (named manager) day to day, they are always about. She talks to staff and is not in an ivory tower."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager and provider were clear about their responsibility to be open and honest and worked within the duty of candour principles. The registered manager met their regulatory requirements to send CQC notifications when required.
- A management structure was in place with clear lines of accountability at all levels which meant all staff were aware of their duties and responsibilities.
- Regular management meetings were held with a clear agenda. Action plans were generated and these were revisited to check the required actions had been completed.
- The management team completed regular checks to monitor the safety and quality of the service, Where improvements were required these were completed in a timely fashion.

Engaging and involving people using the service, the public and staff

- People and their relatives had opportunities for developing the service and sharing information and providing their views through regular meetings and annual surveys.



- The service demonstrated a listening approach, producing 'You said, we did' posters outlining changes made in response to feedback. For example, where people had said that doors were hard to open, new door releases had been installed.
- Staff were also included in the running of the service. We looked at the last staff survey of November 2018. This showed that staff were very positive about working at the service. We saw that issues raised by staff were already being addressed.

#### Continuous learning and improving care

- The registered manager improved care quality and safety through its commitment to the Prosper programme. They were also a member of 'My home life' which is a forum where managers got together to share ideas on innovation and best practice. They had also signed up to the 'FaNs' (Friends and Neighbours) project aimed at enhancing the quality of life of older people.

#### Working in partnership with others.

- Health and social care professionals told us the staff and management worked very well with them as professionals and they were positive about the service people were receiving.
- The registered manager worked with external agencies for the benefit of people who used the service. Through FaNS they had made links with local schools and churches to help people feel a part of their community.
- The area manager told us that plans were being put in place for the provider to work with the local hospice on a pilot scheme where staff from the service and the hospice would swap roles to improve understanding and promote partnership working.